PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

2-14

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			35				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			35 minus 20=		. 12			X\$ 9=		OR	X\$18=	ع 80
INDEPENDENT CLAIMS			√ minus 3 =		<u> </u>			X40=		OR	X80=	270
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	•
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	_	TOTAL		OR	TOTAL	ועט
CLAIMS AS AMENDED - PART II								-			OTHER THAN	
		(Column 1)	(Colum			(Column 3) SMALL		SMALL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL ADA	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		-		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM	<u> </u>	,	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2) _	(Column 3)				_		
AMENDMENT C	:	CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	,
	Independent	<u> </u>	Minus	***	<u>.</u>	<u> </u>	▋┇	X40=	F1-	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=	
.	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
••	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	ADDIT. FEE	
	The Highest Nur	mber Previously Pa	aid For (Total o	or Indepen	dent) is the	e highest numb	er fou	and in the ap	propriate bo	x in co	olumn 1.	